

U.S. Department of Justice  
 United States Marshals Service

# PROCESS RECEIPT AND RETURN

RECEIVED  
 U.S. MARSHAL

PLAINTIFF  
 UNITED STATES OF AMERICA

COURT CASE NUMBER  
 03-54E

DEFENDANT

Real Property Known and Numbered As 12 East 11th St., et al.

2003 DEC 10 A 6:20  
 TYPE OF PROCESS  
 DESTROY PROPERTY

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 SEE BELOW  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

MARY MCKEEN HOUGHTON  
 ASSISTANT U.S. ATTORNEY  
 633 U.S.P.O. & COURTHOUSE  
 PITTSBURGH, PA 15219  
 (412) 644-6750

FILED  
 OCT 25 2006

CLERK, U.S. DISTRICT COURT  
 WEST DIST. OF PENNSYLVANIA

Number of process to be  
 served with this Form 285

Number of parties to be  
 served in this case

Check for service  
 on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

According to the attached Final Order of Forfeiture and Order dated October 6, 2003, please destroy the drug paraphernalia.

Signature of Attorney or Originator requesting service on behalf of:

*Mary McKen Houghton*

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
 412-894-7398

DATE  
 12/8/03

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

|   |               |                    |                   |  |      |
|---|---------------|--------------------|-------------------|--|------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
|   |               | No. _____          | No. _____         |  |      |

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date  
 03/14/2004  
 Time  
 11:30  
☐ am  
☒ pm

Signature of U.S. Marshal or Deputy  
*[Signature]*

|             |  |                |               |                  |  |
|-------------|--|----------------|---------------|------------------|--|
| Service Fee | Total Miceage Charges including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed U.S. Marshal* or (Amount of Refund*) |
|             |  |                |               |                  |  |

REMARKS:

Asset ID# 03-DEA-418390, 03-DEA-418392, 03-DEA-418394, 03-DEA-418396, 03-DEA-418399, 03-DEA-418402

*See remarks in destruction order of drug paraphernalia*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED